



1999

PARTIAL EVALUATION/INVESTIGATION REPORT

Fill out this form for each Partial Evaluation/Investigation completed during study period.

Counselor ID _____

1. What are the current key issues specified for this evaluation? *(Please list)*

2. On which orders are you making a recommendation? *(Check all that apply)*

- ☐ Custody
- ☐ Primary residence
- ☐ Visitation
- ☐ Holidays/vacation
- ☐ Other *(Please describe)*

3. What other services has this family used?

(Check all that apply)

- ☐ Mediation by you
- ☐ Mediation by other court-based mediator
- ☐ Mediation by private mediator
- ☐ Partial evaluation/investigation
- ☐ Full custody evaluation by private evaluator
- ☐ Full custody evaluation by court-based evaluator/investigator
- ☐ Attorney appointed for the child(ren)
- ☐ Other

ANSWER Q's 4-14 ONLY FOR PARENT(S) WHO DO NOT FILL OUT PARTIAL EVALUATION CLIENT PROFILE. Please give us your best guesses for these questions.

4. Are the parents in this case currently represented by attorneys?

A. Mother represented?

- ₁ ☐ Yes
₀ ☐ No
₈ ☐ Don't know

B. Father represented?

- ₁ ☐ Yes
₀ ☐ No
₈ ☐ Don't know

5. What is the legal relationship between the parents?

- ₁ ☐ Never married to each other
₂ ☐ Divorced from each other
₃ ☐ Still legally married to each other

6. How many children under 18 do these parents have together? _____

(Please enter their birthdates and gender below.)

	Oldest child	Second child	Third child	Fourth child
A. Birthdate: ➔	____/____/____ Mo Day Year	____/____/____ Mo Day Year	____/____/____ Mo Day Year	____/____/____ Mo Day Year
B. Sex: ➔	₂ <input type="checkbox"/> Male ₁ <input type="checkbox"/> Female	₂ <input type="checkbox"/> Male ₁ <input type="checkbox"/> Female	₂ <input type="checkbox"/> Male ₁ <input type="checkbox"/> Female	₂ <input type="checkbox"/> Male ₁ <input type="checkbox"/> Female
C. Right now, with whom does the child live?	₁ <input type="checkbox"/> Mostly with mother ₂ <input type="checkbox"/> Mostly with father ₃ <input type="checkbox"/> Part of the time with each parent ₄ <input type="checkbox"/> Other <i>(Please describe)</i>	₁ <input type="checkbox"/> Mostly with mother ₂ <input type="checkbox"/> Mostly with father ₃ <input type="checkbox"/> Part of the time with each parent ₄ <input type="checkbox"/> Other <i>(Please describe)</i>	₁ <input type="checkbox"/> Mostly with mother ₂ <input type="checkbox"/> Mostly with father ₃ <input type="checkbox"/> Part of the time with each parent ₄ <input type="checkbox"/> Other <i>(Please describe)</i>	₁ <input type="checkbox"/> Mostly with mother ₂ <input type="checkbox"/> Mostly with father ₃ <input type="checkbox"/> Part of the time with each parent ₄ <input type="checkbox"/> Other <i>(Please describe)</i>
D. In the past 4 weeks (28 days), how many overnights did child stay with mom?	_____ Overnights	_____ Overnights	_____ Overnights	_____ Overnights

7. What concerns about the child did you address in this evaluation/investigation?

(Check all that apply)

- a. ☐ Behavior problems
- b. ☐ Emotional adjustment
- c. ☐ Age appropriateness of parenting plan
- d. ☐ Child's developmental progress
- e. ☐ Child's medical needs
- f. ☐ Child safety
- g. ☐ School problems
- h. ☐ Child has difficulty with transitions
- i. ☐ Child refuses to visit
- j. ☐ Other *(Please describe)*

8. Parent birthdates: **A. Mother** ____/____/____ **B. Father** ____/____/____
Mo Day Yr Mo Day Yr

9. If cannot give date of birth, estimate age group below.

A. Mother

- ☐ 18 or less
- ☐ 19-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-44
- ☐ 45 or above

B. Father

- ☐ 18 or less
- ☐ 19-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-44
- ☐ 45 or above

10. Parents' ethnic background? *(Check all that apply)*

A. Mother

- ☐ American Indian, Eskimo, or Aleut
- ☐ Asian or Pacific Islander
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ White or European-American
- ☐ Other *(Please specify)*
- ☐ Can't guess

B. Father

- ☐ American Indian, Eskimo, or Aleut
- ☐ Asian or Pacific Islander
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ White or European-American
- ☐ Other *(Please specify)*
- ☐ Can't guess

11. Parents' highest grade or year of formal education completed?

A. Mother:

- ☐ ₁ Some high school or less
☐ ₂ High school graduation or equivalent (GED)
☐ ₃ Some college
☐ ₄ Associate's degree
☐ ₅ Bachelor's degree
☐ ₆ Graduate or professional degree
☐ ₈ Can't guess

B. Father:

- ☐ ₁ Some high school or less
☐ ₂ High school graduation or equivalent (GED)
☐ ₃ Some college
☐ ₄ Associate's degree
☐ ₅ Bachelor's degree
☐ ₆ Graduate or professional degree
☐ ₈ Can't guess

A. Is Mother employed right now?

- ☐ ₁ Yes ☐ ₀ No

B. Is Father employed right now?

- ☐ ₁ Yes ☐ ₀ No

12. Not including TANF (Temporary Assistance for Needy Families) or any child support received, what is parents' personal current MONTHLY income after taxes from all other sources (such as job, unemployment benefits, social security, disability, spousal support from a different marriage)?

A. Mother:

- ☐ ₁ None ☐ ₈ \$1000 – 1199
☐ ₂ Below \$500 ☐ ₉ \$1200 – 1499
☐ ₃ \$500 – 599 ☐ ₁₀ \$1500 – 1999
☐ ₄ \$600 – 699 ☐ ₁₁ \$2000 – 2999
☐ ₅ \$700 – 799 ☐ ₁₂ \$3000 – 4999
☐ ₆ \$800 – 899 ☐ ₁₃ \$5000 or over
☐ ₇ \$900 – 999

B. Father:

- ☐ ₁ None ☐ ₈ \$1000 – 1199
☐ ₂ Below \$500 ☐ ₉ \$1200 – 1499
☐ ₃ \$500 – 599 ☐ ₁₀ \$1500 – 1999
☐ ₄ \$600 – 699 ☐ ₁₁ \$2000 – 2999
☐ ₅ \$700 – 799 ☐ ₁₂ \$3000 – 4999
☐ ₆ \$800 – 899 ☐ ₁₃ \$5000 or over
☐ ₇ \$900 – 999

13. If cannot answer detailed income question, please estimate.

A. Mother:

- ☐ ₁ Low – under \$850/month
☐ ₂ Average
☐ ₃ High – over \$5,000/month
☐ ₈ Can't estimate

B. Father:

- ☐ ₁ Low – under \$850/month
☐ ₂ Average
☐ ₃ High – over \$5,000/month
☐ ₈ Can't estimate

14. Is a domestic violence restraining order in effect that prevents one parent from coming near the other?

- ☐ ₁ Application in progress
☐ ₂ Yes, there is a restraining order
☐ ₃ No, but there has been a restraining order in the past
☐ ₄ No, there has never been a restraining order
☐ ₈ Don't know

A. Is the restraining order(s) criminal or civil?

(Check all that apply)

- ☐ ₁ Criminal
☐ ₁ Civil
☐ ₈ Don't Know

B. Who is restrained by the order(s)?

- ☐ ₁ Mother
☐ ₂ Father

15. Has Child Protective Services (CPS) investigated a report about this family's children?

- ₁ ☐ Yes
₀ ☐ No
₂ ☐ CPS dropped because
case in family court
₈ ☐ Don't know

A. Whose household did the report(s) concern?

(Check all that apply)

- ₁ ☐ Mother
₁ ☐ Father
₁ ☐ Other *(Please describe)*

B. Was the finding that child was at risk in:

(Check all that apply)

- ₁ ☐ Mother's house
₁ ☐ Father's house
₁ ☐ Neither
₁ ☐ Other *(Please describe)*

16. Are any of the children in this family involved in juvenile court?

- ₁ ☐ Yes, currently
₂ ☐ Yes, in the past
₀ ☐ No
₈ ☐ Don't know

17. What allegations have been made between the parties? *(Check all that apply)*

Who is alleged to have done this?

Allegations:

	<u>Father</u>	<u>Mother</u>
a. Child abduction	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
b. Child neglect	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
c. Domestic violence	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
d. Maligning the other parent in front of the child	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
e. Harassing the other parent	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
f. Psychological disorder	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
g. Drug or alcohol abuse	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
h. Stalking the other parent	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>

	<u>Father</u>	<u>Mother</u>	Someone associated with <u>Father</u>	Someone associated with <u>Mother</u>
i. Physical abuse of child	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
j. Sexual abuse of child	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
k. Emotional abuse of child	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
l. Other <i>(Please describe)</i>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>

18. Other than the allegations checked in Q17, what issues did you take into account in this evaluation/investigation? (Check all that apply)

To which parent does this refer?

	<u>Mother</u>	<u>Father</u>
a. <input type="checkbox"/> Parent child relationships	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Parent's ability to meet needs of the children	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Quality of the home environment	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Parent does not show for visitations	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Parent prevents visitation	<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="checkbox"/> Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
h. <input type="checkbox"/> Other (Please describe)	<input type="checkbox"/>	<input type="checkbox"/>

19. Is there a move away issue in this case?

☐ Yes Answer Q A-D

☐ No Go to Q 20

A. Who is moving/wants to move?

☐ Mother

☐ Father

B. Is it the:

☐ Non custodial parent

☐ Custodial parent

C. How long will it take to travel one way between the parents' homes?

D. Will plane travel be involved?

☐ Yes

☐ No

21. A. At the point the investigation/evaluation began, what was the level of risk to the health, safety, or welfare of the child(ren)?

Low										Extremely High
1	2	3	4	5	6	7	8	9	10	

B. IF ANY RISK: Do you feel the risk was in: (Check all that apply)

☐ Mother's household

☐ Father's household

☐ Other (Please describe)

22. What are your recommendations?

A. Legal custody (Check one)

- ☐ to Mother
☐ to Father
☐ Joint
☐ Different for each child
☐ Not an issue

B. Physical custody (Check one)

- ☐ to Mother
☐ to Father
☐ Joint
☐ Different for each child
☐ Not an issue

C. Primary residence (Check one)

- ☐ to Mother
☐ to Father
☐ Joint
☐ Different for each child
☐ Not an issue

D. Time with each parent: In the first 4 weeks (28 days) after the plan based on your recommendation goes into effect, how many overnights will the children spend with each parent?

_____ Overnights with mother

☐ Different for each child

_____ Overnights with father

23. Special visitation provisions you are recommending. (Check all that apply)

- | | |
|--|--|
| a. <input type="checkbox"/> None | f. <input type="checkbox"/> No substance (may include tobacco) use during visitation |
| b. <input type="checkbox"/> Supervised visitation initiated/continued | g. <input type="checkbox"/> Nonremoval of child from state |
| c. <input type="checkbox"/> Supervised visitation stopped | h. <input type="checkbox"/> Restrictions on driving with children |
| d. <input type="checkbox"/> Suspended visitation | i. <input type="checkbox"/> No contact with specific third party |
| e. <input type="checkbox"/> Supervised exchanges or neutral pickup point | j. <input type="checkbox"/> Other (Please describe) |

24. Other provisions you are recommending: (Check all that apply)

- | | <u>Mother</u> | <u>Father</u> |
|--|--------------------------|--------------------------|
| a. <input type="checkbox"/> Parent education class for | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <input type="checkbox"/> Drug/alcohol testing/treatment for | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <input type="checkbox"/> Domestic violence treatment for | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <input type="checkbox"/> Other counseling for | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <input type="checkbox"/> Counseling for child | | |
| f. <input type="checkbox"/> Full Evaluation | | |
| g. <input type="checkbox"/> Attorney for child | | |
| h. <input type="checkbox"/> Child advocate or CASA | | |
| i. <input type="checkbox"/> Special Master | | |
| j. <input type="checkbox"/> None | | |
| k. <input type="checkbox"/> Other (Please describe) | | |

25. Have you: (Check all that apply)

- | | <u>YES</u> | <u>NO</u> |
|--------------------------------|--------------------------|--------------------------|
| a. Interviewed the children | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Made any home visits | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Met with attorneys involved | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Checked criminal records | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Checked probation records | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Checked DMV records | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Checked CPS | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other (Please describe) | <input type="checkbox"/> | <input type="checkbox"/> |

26. What agencies outside of the court have you had contact with about this family?

(Check all that apply)

- | | |
|--|---|
| a. <input type="checkbox"/> None | h. <input type="checkbox"/> CASA |
| b. <input type="checkbox"/> Supervised visitation provider | i. <input type="checkbox"/> School |
| c. <input type="checkbox"/> Domestic violence shelter | j. <input type="checkbox"/> Law enforcement |
| d. <input type="checkbox"/> Health care provider | k. <input type="checkbox"/> Child education agency (i.e. Kids Turn) |
| e. <input type="checkbox"/> Child care provider | l. <input type="checkbox"/> Outside parent education provider |
| f. <input type="checkbox"/> Substance treatment center | m. <input type="checkbox"/> Other <i>(Please describe)</i> |
| g. <input type="checkbox"/> Mental Health Professional | |

27. As the evaluator/investigator for this family, how would you assess this case?

(Please circle the number that best indicates your assessment.)

A. The issues involved in this case were:

Not Difficult											Extremely
At All											Difficult
1	2	3	4	5	6	7	8	9	10		

B. The level of tension or emotional intensity between the parents throughout the evaluation / investigation was:

Not High											Extremely
At All											High
1	2	3	4	5	6	7	8	9	10		

C. Overall, the current parenting adequacy of the mother is:

Low											Extremely
											High
1	2	3	4	5	6	7	8	9	10		

D. Overall, the current parenting adequacy of the father is:

Low											Extremely
											High
1	2	3	4	5	6	7	8	9	10		

28. To what extent do you feel child support was an underlying issue in this case?

- ☐ ₁ Case was child support driven
- ☐ ₂ Child support was an issue
- ☐ ₃ Not at all

29. Date Partial Evaluation/Investigation completed: ____/____/____

30. How litigious is this family?

- ☐ ₁ Very
- ☐ ₂ Somewhat
- ☐ ₃ Not at all
- ☐ ₄ Don't know

31. What kind of report have you prepared? ☐ ₁ Verbal ☐ ₂ Written

32. Excluding time spent in mediation, about how much time do you estimate you have spent on this evaluation/investigation? _____